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STUDY DAY 1

ASSESSMENT

SUBJECT I.D. #

TIME: : : AM PM

DATE: / / Year

month Day

ASSESSMENT:

How much pain did you have?

(Place an X on the point on the scale that best represents your response)

no pain

extreme pain

input/output contacts

Sensors

I/O Ports

Processor

MEMORY

Clock

Power Source

Figure 1

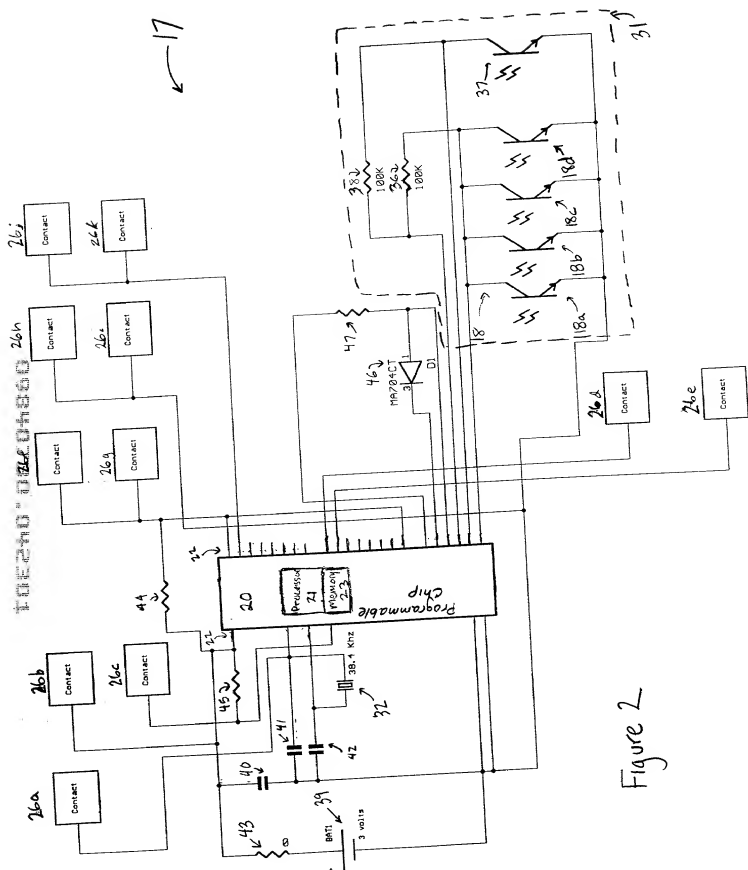


Figure 2

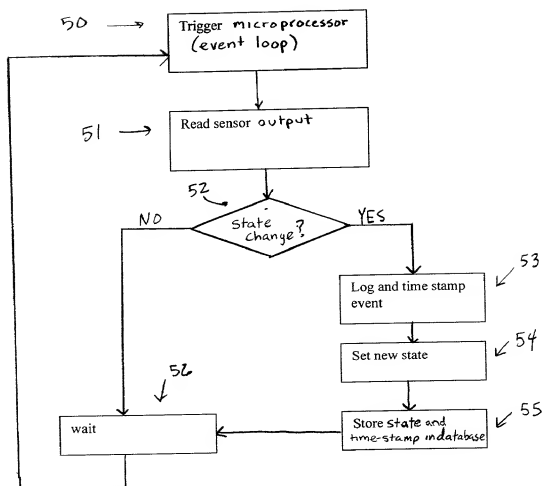


Figure 3

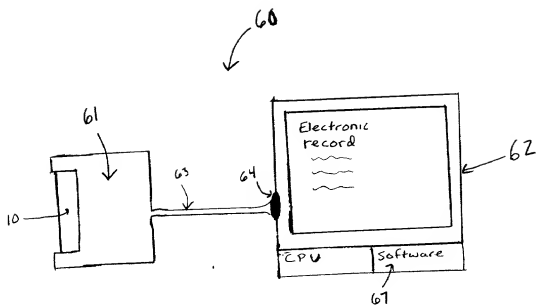


Figure 4

# SAMPLE ELECTRONIC RECORD DATA STREAM

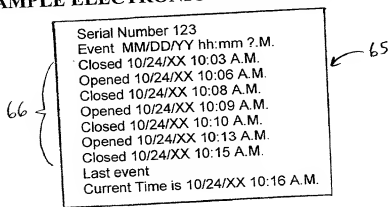


Figure 5

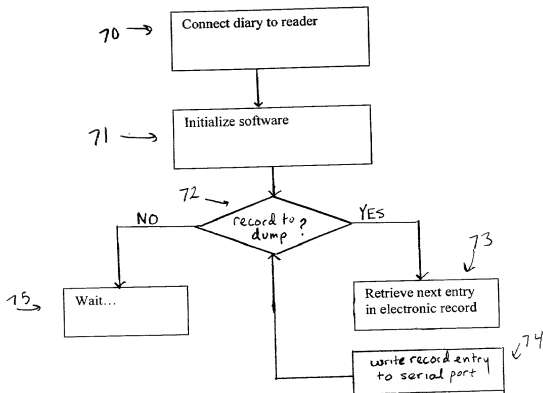


Figure 6

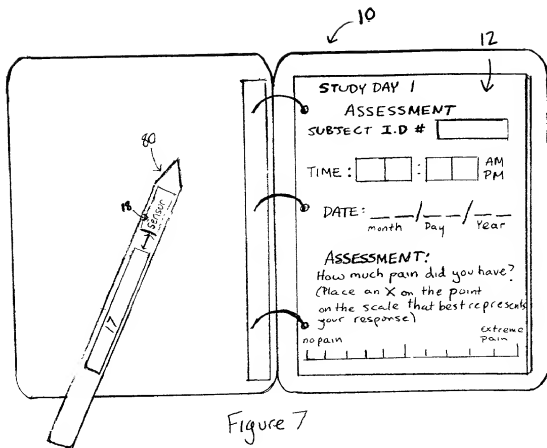


Figure 7

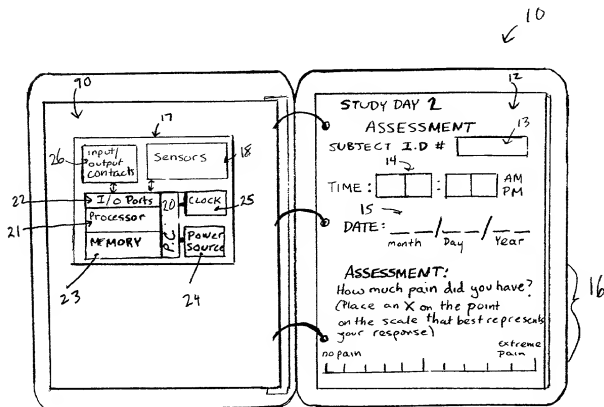


Figure 8